



**BUILDING CODE COMPLIANCE OFFICE**  
**CODE COMPLIANCE DIVISION**  
MIAMI-DADE FLAGLER BUILDING  
140 WEST FLAGLER STREET, SUITE 1603  
MIAMI, FLORIDA 33130-1563  
(305) 375-2901  
FAX (305) 375-2558

## MIAMI-DADE COUNTY INITIAL COMPLAINT INTAKE FORM

Date: \_\_\_\_\_

Dear Citizen:

The Code Compliance Division of the Miami-Dade County Building Code Compliance Office is investigating issues involving damage caused to property owners by illegally licensed contractors.

In order to register a complaint against an illegally licensed contractor who has performed construction work for you, please complete the enclosed form and return it to the Code Compliance Division located at 140 West Flagler Street, Suite 1603, Miami, Florida 33130. If insufficient space is provided on the complaint form for any answer, please use a separate sheet. **Do not write on the reverse side of this form.**

Upon receipt of the completed complaint form, a Code Compliance Investigator will open a case file and will contact you in order to begin processing your complaint. Since the Code Compliance Investigator will have to contact you for additional information, please provide a telephone number where the Code Compliance Investigator can contact you during the day. When the initial investigation is complete it may be necessary for you to complete a Contractor Complaint Affidavit. The Code Compliance Investigator will provide you with the Affidavit. The Contractor Complaint Affidavit will be used by the Construction Trades Qualifying Board in order for them to assess restitution based on verifiable damages supported and established by documentation which has been provided by you.

Since investigations and cases vary in complexity duration and priority, a definite time frame cannot be given as to when the complaint process will be completed for any individual case. Further, because the Statute of Limitations establishes time limits within which you must assert a cause of action in court, please do not delay in consulting with an attorney or initiating any action to preserve your civil remedies in this matter.

Thank you for your cooperation.

Code Compliance Division  
(305) 375-2901

(Please Type or Print)

*This complaint becomes a matter of public record at the time it is filed and is available for review and copying by the subject of the complaint and the general public.*

Your Name: \_\_\_\_\_

Address:

Jobsite:

Telephone: (       ) \_\_\_\_\_ Business

Beeper: (      ) \_\_\_\_\_

( ) \_\_\_\_\_  
Residence

## COMPLAINT AGAINST CONTRACTOR

Name: \_\_\_\_\_  
Name of Contractor and/or Company

Address of Contractor: \_\_\_\_\_  
[If Known]

Telephone: (    ) \_\_\_\_\_  
[If Known]

Beeper: ( ) \_\_\_\_\_  
[If Known]

Contractor License No.: \_\_\_\_\_  
[If Known]

- Note: After confirmation is made that the involvement of an illegally licensed contractor caused damages, a Contractor Complaint Affidavit must then be completed by the property owner. The Contractor Complaint Affidavit Form will be provided to the property owner by the BCCO Investigator.